

GENERAL INFORMATION REGARDING APPLICATION PROCESS

Village Square Apartments: Are USDA Rural Development Apartments. The Management Follows The Rules And Regulations Of Rural Development. We Maintain A Waiting List For All Applicants. An Application Is Enclosed. Thank You for Your Interest in Village Square Apts in Leroy, New York.

1. **Qualifications:** Elderly Housing, You Must Be 62 Years or Older, A Household Member Must Be 62 Years or Older, or You Must Be Handicapped or Disabled Regardless of Age. First Priority For All Applicants Is Given To The Very Low Income Level.

Very Low Income For 1 Person Is **\$21,750** Adjusted Yearly Income, 2 People **\$24,850** Adjusted Yearly Income.

2. You Must Complete All Questions on the Enclosed Application And Return It.
Make Sure To Include the Verification of Age or Handicap/Disability Requested (Pg 1)
3. You Will Be Placed On the Waiting List According To the Date And Time We Receive A Completed Application, your Income Level and Your Apartment Request. You May Request Upstairs, Downstairs or Special Features for Handicap Disability.
4. When Your Application Is Received In This Office, We Will Send You Notification, Please Keep This Information. **** If You Change Your Phone Number or Address, Please Notify Our Office.**
5. In March Of Each Year We Update The Waiting List. **You Must Complete and Return Your updated information to remain on the Wait List.**
6. Rent Is Based Upon All Yearly Gross Income, Assets and Medical/Child Care/Handicap Expenses according To Rural Development Regulations, Rent will not be Determined Until an Applicant is called for a Pre-Rental Meeting, **You Will Pay Basic Rent Or 30% Of Your Adjusted Monthly Income Whichever Is Lower.** A security deposit and a one year lease are required.

Please keep this coversheet as a reference for you to contact us at the above address and phone.

Acceptance of this application does not guarantee rental of an apartment. All applicants must meet screening criteria, including landlord/credit/criminal checks. Changes in family income, Size and address and phone number must be reported promptly to management in order to properly process your application.



C/L

Q & D Management, Inc. Is an equal opportunity provider and employer, To file a complaint of discrimination, write:
USDA, Director, Office of Civil Rights, 1400 Independence Ave, S.W. Washington, DC 20250-9410 or call:
(800) 705-3272 (voice) or (202) 720-6382 (TDD)



5500 Main Street, Suite 264
Williamsville, New York 14221
(800) 848-8569

TDD: (800) 662-1220
NYS TDD RELAY LINE: 711

VILLAGE SQUARE APARTMENTS, LEROY, NEW YORK

57 West Main Street
Leroy, New York 14482
(585) 768-6862

Office Use Only

Date Received _____
Time Received _____
Income Level _____ Est.

30% _____

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITINGYOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD AS IT APPEARS ON YOUR SOCIAL SECURITY CARD. ALL INFORMATION IS KEPT CONFIDENTIAL. **If you are unable to fill out this application, someone may fill it out for you. That person must sign the last page as the person whose handwriting appears on the form. If you need additional assistance you may contact this office.**

ALL BLANKS MUST BE FILLED IN OR MARKED AS N/A NON APPLICABLE

Present

Address _____ HomePhone _____

City, State, Zip _____ Work/CellPhone _____

A. Household: List Yourself And All Persons Who Will Be Living In Your Home.

Name	M/F	Date Of Birth	Relation To Head Of House	Social Security# For All Members	Are You A US Citizen? Or qualified alien?
			Head Of Household		Yes / No
			Co-Tenant		Yes / No
			Minor – Member		Yes / No
			Minor – Member		Yes / No
			Minor – Member		Yes / No
			Minor – Member		Yes / No

Do You Expect Anyone Not Listed On This Application To Be Moving In With You In The Future?
Yes _____ No _____

B. Verification: Read All Sections And Complete As Directed. If You Or Anyone In Your Household Is Elderly (Including Handicapped Or Disabled):

Return the Following Listed Below With This Application

1. Elderly Status (62 or Older) With A Photocopy of Your Driver=s License **or** Birth Certificate; **Or**
2. Handicapped/Disabled Status with a Photocopy of Your SSI or SSD Award, Or A Statement By A Qualified Individual.

THE NATURE OF YOUR HANDICAP/DISABILITY DOES NOT HAVE TO BE DISCLOSED.

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Do you have any unusual expenses related to employment such as a care attendant or auxiliary apparatus for a handicapped or disabled family member? Yes ____ No ____ if yes, please explain: _____

Will any alterations to the apartment be necessary for you or a member of your family? Yes ____ No ____

Do you require a handicap accessible unit reasonable accommodation due to disability? Yes ____ No ____

BEDROOM SIZE

APARTMENT LOCATION

You may indicate more than one

____ One Bedroom ____ Upstairs ____ Downstairs ____ Handicapped Accessible Unit

In Case Of Emergency, Notify _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Relationship to Tenant: _____

List Year, Make, Color and License Plate # for All Vehicles in Your Household:

Year/Make _____ Color _____ License Plate # _____

Year/Make _____ Color _____ License Plate # _____

Do You Own Any Pets: Yes ____ No ____

If Yes, Describe _____

C. Income: List All Sources of Income as Requested Below:

Name of Family Member

Source of Income

Gross Amount

_____	A. Social Security Monthly	\$ _____	
_____	Soc Security Monthly		\$ _____
_____	B. Pension		\$ _____
_____	Pension	\$ _____	
_____	Source of Pension(s) _____		
_____	C. SSI Benefits Monthly	\$ _____	
_____	SSI Benefits Monthly	\$ _____	
_____	D. Wages-Gross Monthly	\$ _____	
_____	Wages-Gross Monthly	\$ _____	
_____	Employers Name _____		
_____	Employers Name _____		
_____	E. Unemployment Monthly		\$ _____
_____			\$ _____
_____	F. Social Services Monthly		\$ _____
_____			\$ _____
_____	G. Alimony Monthly		\$ _____
_____			\$ _____

H. Child Support Monthly

\$ _____

I. Full-Time Student Over 18

Full-Time Student Over 18

J. Earned Income Credit

Annual Amt. \$ _____

K. Other Monthly Income

\$ _____

Source _____

L. Income from Investment

Source _____

Monthly Amt. \$ _____

Income from Investments

Monthly Amt \$ _____

M. Monthly Interest Income

\$ _____

2

Do you anticipate any changes in this income during the next 12 months? Yes _____ No _____

D. Assets: list all assets for all household members (bank checking, savings accts., Credit Unions
CD=S, Money Market Accts, Stocks, Bonds, Annuities.

Account Number

Bank

Balance

Interest Rate

Checking _____

Savings _____

Credit Union _____

CD=S _____

Money Mkt _____

Stocks, Bonds _____ Value \$ _____

Annuities _____ Value \$ _____

Does Anyone In The Household Receive Any Income From Property? Yes_____ No_____

Real Property; Do You Own Any Property? Yes _____ No _____

If Yes, Type Of Property_____

Where Is Property Located_____

Appraised Market Value \$_____

E. Landlord References:

Current Landlord: Name_____

Complete Address_____

Phone Number_____

Previous Landlord: Name_____

Complete Address_____

Phone Number_____

Are You Currently Under Eviction or Have You Ever Been Evicted?

Yes _____ No _____ If So, Why? _____

Are You A Current Illegal User of A Controlled Substance, or Have You Been Convicted For the Same, or Have You Been Convicted For The Manufacture Or Distribution Of A Controlled Substance? Yes_____ No_____

If Yes, Have You Successfully Completed A Controlled Substance Abuse Program Or Are You Presently Enrolled In A Program? Yes _____ No _____

Have You Ever Been Convicted Of or Pleaded Guilty or “No Contest” to a Felony (Whether Or Not Resulting In A Conviction)? Yes _____ No _____

Have You Ever Been Convicted of or Pleaded Guilty Or “No Contest” to a Misdemeanor Involving Sexual Misconduct (Whether Or Not Resulting In A Conviction)? Yes_____ No_____

Have You Sold Or Disposed Of Any Property In The Last 2 Years? Yes_____ No_____

If Yes, Type Of Property_____

Market Value When Sold/Disposed Of \$_____

Amount Sold/Disposed For \$_____

Date of Transaction_____

Have You Disposed Of Any Other Assets In The Last 2 Years?

(Example: Given Away Money to Relatives, Set Up Irrevocable

Trust Accounts) Yes_____ No_____ **If Yes,** Describe Asset_____

Date of Disposition_____

Amount Disposed \$_____

Do You Have Any Other Assets Not Listed Above?

(Excluding Personal Property) Yes_____ No _____

If Yes, List_____

F. Medical/Child Care/Handicap Assistance Expenses:

Medical Expenses - Complete This Part **Only** If Head Of Household Or

Co-Tenant Is Age 62 or Older, or Handicapped/Disabled at Any Age

Medicare Premium(S) _____ Monthly Amount \$ _____

Medical Insurance Premiums(S) _____ Monthly Amount \$ _____

Insurer=S Name _____

Anticipated Expense **Not** Covered By Insurance or Reimbursed

Medical Monthly Amount \$ _____

Prescription Monthly Amount \$ _____

Medical Bills **You** Are Making Monthly Payments For

Balance Due \$ _____ Monthly Payments \$ _____

Payable To: _____

Other Medical Expenses:

Monthly Payments \$ _____

Payable To: _____

Child Care Cost: Complete **Only** If You Have Children 12 Years Or Younger.

What Are Your Weekly Costs For Child Care Due To Employment or Education?

Reason for Expense _____

Weekly Cost \$ _____ Paid To _____

Handicap Assistance Expenses: Complete **Only** If Handicap Expense Allows a Member Of The Household To Work Or Attend School.

List type of Expenses _____

Weekly Amount \$ _____ Paid To Whom _____

4

G. Credit References: Bank, Charge Card, Car Loan, Etc.

1. Name _____ Phone _____

Complete Address _____

2. Name _____ Phone _____

Complete Address _____

H. Personal References: (No Relatives)

1. Name _____ Phone _____

Complete Address _____

2. Name _____ Phone _____

Complete Address _____

I/we certify that I/we do/will not maintain a separate rental unit in a different location. I/we also certify that this will be my/our permanent residence.

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I/we certify that all information in this application is true to the best of my/our knowledge and that I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

APPLICANT SIGNATURE

DATE

**CO-
APPLI
CANT
SIGN
ATUR
E**

DATE

COMPLETION OF THIS SECTION IS OPTIONAL

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of the individual applicants on the basis of visual observation or surname.

Applicant #1	Applicant #2
Ethnicity:	Ethnicity:
Hispanic or Latino _____	Hispanic or Latino _____
Not Hispanic or Latino _____	Not Hispanic or Latino _____
Race: (Mark one or more)	Race: (Mark one or more)
White _____	Black or African American _____
	White _____ Black or African American _____
American Indian/Alaska Native _____ Asian _____	American Indian/Alaska Native _____ Asian _____
Native Hawaiian or Other Pacific Islander _____	Native Hawaiian or Other Pacific Islander _____
Gender:	_____ Male _____ Female
	Gender: _____ Male _____ Female

AUTHORIZATION

I/WE DO HEREBY AUTHORIZE Q & D MANAGEMENT, INC. AND ITS STAFF OR AUTHORIZED REPRESENTATIVE TO CONTACT ANY AGENCIES, OFFICES, GROUPS OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY/OUR APPLICATION FOR HOUSING IN THE PROPERTY MANAGED BY Q & D MANAGEMENT, INC THIS COULD INCLUDE POLICE/BACKGROUND CHECKS AND CREDIT CHECKS.

SIGNATURES

APPLICANT

DATE SIGNED

CO-APPLICANT

DATE SIGNED

SIGNATURE OF PERSON FILLING
OUT APPLICATION FOR APPLICANT

DATE SIGNED

Q & D Management, Inc and Leroy Partnership Do Not Discriminate On The Basis Of Handicapped/Disabled Status in the Admission or Access To, or Treatment, or Employment In, Its Federally Assisted Programs and Activities. "In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs)



To file a complaint of discrimination, write USDA, Director, Office of Civil Rights,
1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call:
(800) 795-3272 (voice) or (202) 720-6382 (TDD)

